

of work since, and his present condition has continued to develop itself gradually. His patellar reflex is much increased, the ankle clonus extreme. He feels strong, and can walk, not fast, however, and has a characteristic clinging (spastic) gait. There was much increase in excitability during a few days under the use of strychnia. While in this condition a tracing made upon a registering drum, by causing his toe to make and break a circuit while resting on the heel, shows a regularity of vibration like that of a tuning-fork. The tendon reflex in the upper extremity was very decided, but not so extreme as in Case II. Upon stopping the strychnia the irritability was considerably diminished, though still more than normal, and the clinging gait was unchanged.

*Case IV.*—An expressman fell on his back across a wheel, Nov. 17th, fracturing his radius and receiving other injuries to hand and arm. His legs soon began to draw up, and he had pain and twitching in them, which continued until about January 1st. Catheterization was necessary for five or six days. When first seen by Dr. Edes, early in February, his feet and legs were very oedematous, and he had several bad bed-sores. It was difficult to make any minute observation of the nervous condition of his legs, but he could move them a little. Soon after it was noted that the tendon reflex of the triceps cubiti was well marked, and shortly after his hands and arms showed in the most decided manner extreme contraction, resistance to any extension much beyond a right angle, and great muscular atrophy. He died of exhaustion, after extensive sloughing, on March 12th. A careful autopsy showed no microscopic lesions of the nervous centres, except a slight lepto-meningitis of the brain. Unfortunately, the medulla oblongata was not preserved for the microscope, and the upper portion of the cervical cord was not examined. Throughout the rest of the cord the fresh specimen showed extreme granular degeneration of the postero-lateral columns, and also the columns of Türeck.

The author describes a device for testing and recording the tendon reflex.—*Boston Med. and Surg. Journ.*, vol. cvii, No. 12.

THE RELATION BETWEEN POLIOMYELITIS AND DISSEMINATED NEURITIS.—Dr. J. J. Putnam, of Boston, reported before the Boston Society for Medical Observation, three cases illustrative of this subject. The first case was characterized clinically by great pain, anæsthesia, and paræsthesia, referred to the four extremities, muscular wasting, and great diminution or loss of electrical irritability, finally delirium and stupor. After death, spots of softening were found in the optic thalami, but the cord and membrane were nearly healthy; certainly showed no marked disease. The peripheral nerves had not been examined, but it was plain that they had not been diseased, and probable that the disease was primary. In the second case, the symptoms had been those of poliomyelitis, except that localized and continued pain had been

so prominent that the diagnosis of meningitis had been entertained. After death, no trace of meningitis had been found, but an inflammation of the gray matter of the anterior cornua of the cord running throughout the entire length. The nerves had not been examined. In the third case, there were acute symptoms referable to the peripheral nerves of all four extremities, great pain, loss of electrical reaction, and marked paralysis. No headache, rigidity, or opisthotonos, until within the last days of the patient's life, except, perhaps, at the outset, in consequence of the vomiting which ushered in the attack. After death, well-marked and extensive meningitis had been found, and pronounced disease of the nerve-roots and peripheral nerves (median, ulnar, popliteal), while the spinal cord appeared healthy.

Dr. Webber, in discussing the subject, said that the first case seemed not proved to be a case of general neuritis. The second case appeared to be a good case of poliomyelitis, but the primary neuritis was not proven because the peripheral nerves were not examined. The third case seemed more properly one of cerebrospinal meningitis. In the latter disease, the functions of the nerves are often affected; also the nerves themselves; and after recovery, atrophy of the muscles may occur, and loss of electrical reaction, which may be complete or persistent. He objected that disseminated neuritis is a new-named disease, whose existence *sui generis* is still a matter of doubt. Dr. Putnam agreed that these cases could not be used to prove the existence of primary disseminated neuritis, but considering, on Leyden's authority, that such a disease was pretty well made out, he thought the early and striking prominence of the symptoms referable to the peripheral nerves in these cases might justify their use as possible illustrations of the diagnosis.—*Boston Med. and Surg. Jour.*, Nov. 23, 1882.

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INJURY TO THE CORD INVOLVING THE GENITAL CENTRE.—Furbinger relates (*Berlin, klin. Wochenschr.*, 1881, No. 43; *Centralbl. 8. Med. Wissensch.*, 1882, p. 396), a case of fracture of the spine with complete paraplegia and paralysis of the bladder in a male æt. 69. Priapism supervened thirty hours after the accident, and the urine contained spermatozoa. Thereafter a steady discharge of semen occurred until death, which supervened on the third day. A laceration of the cord was found opposite the fourth dorsal vertebra, indicating the limit of the genital centre.—*Brain*, Oct., 1882.

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TROPHIC CHANGES IN LOCOMOTOR ATAXIA.—Fresh observations continue to be made of disturbances of nutrition in association with locomotor ataxia. Besides the familiar diseases of the joints and bones, and perforating ulcer, there have recently been recorded peculiar affections of the teeth and nails, ending in their shedding. Thus, Demange (*Revue de méd.*, No. 3, 1882) de-